

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: U-35
L. S. Elevation: _____
E-log #: _____

County: MARSHALL
Permit #: _____
Driller: R. Medlin
Date drilling completed: 5-14-05

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name: <u>Chris Moreland</u>	Latitude: <u>NA</u>	Longitude: <u>NA</u>	
Mailing Address: <u>M.B. 310</u> <u>Temperence Hill Cr</u> <u>Potts Camp MS 39659</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>	USGS quad, Hand-held GPS, Survey-grade GPS	
City: _____ State: _____ Zip Code: _____	NW ¼ NE ¼ Sec <u>7</u> Twn <u>S.5</u> Rng <u>1.W.</u>	Distance: <u>2 1/2</u> Miles Direction: <u>N.W.</u> of Nearest Town: <u>Potts Camp</u>	
Telephone No: <u>662 333 4580</u>			

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 4-20-05 Date well drilling completed: 5-14-05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 140 feet above or below (circle one) land surface Date measured: 5-12-05

Method of Measurement (circle one) steel tape electric tape air line other: nylon cord & weight

Hole depth: 780 Well depth: 780 Well grouted to a depth of 25 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 360 feet Casing diameter: 4 inches Type of casing: Sch 40 P.V.C.

Screen length: 60 feet Screen diameter: 2" inches Type of screen: P.V.C Sch 40

Screen slot size: 0.13 inches Setting depth: From 720 feet to 780 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

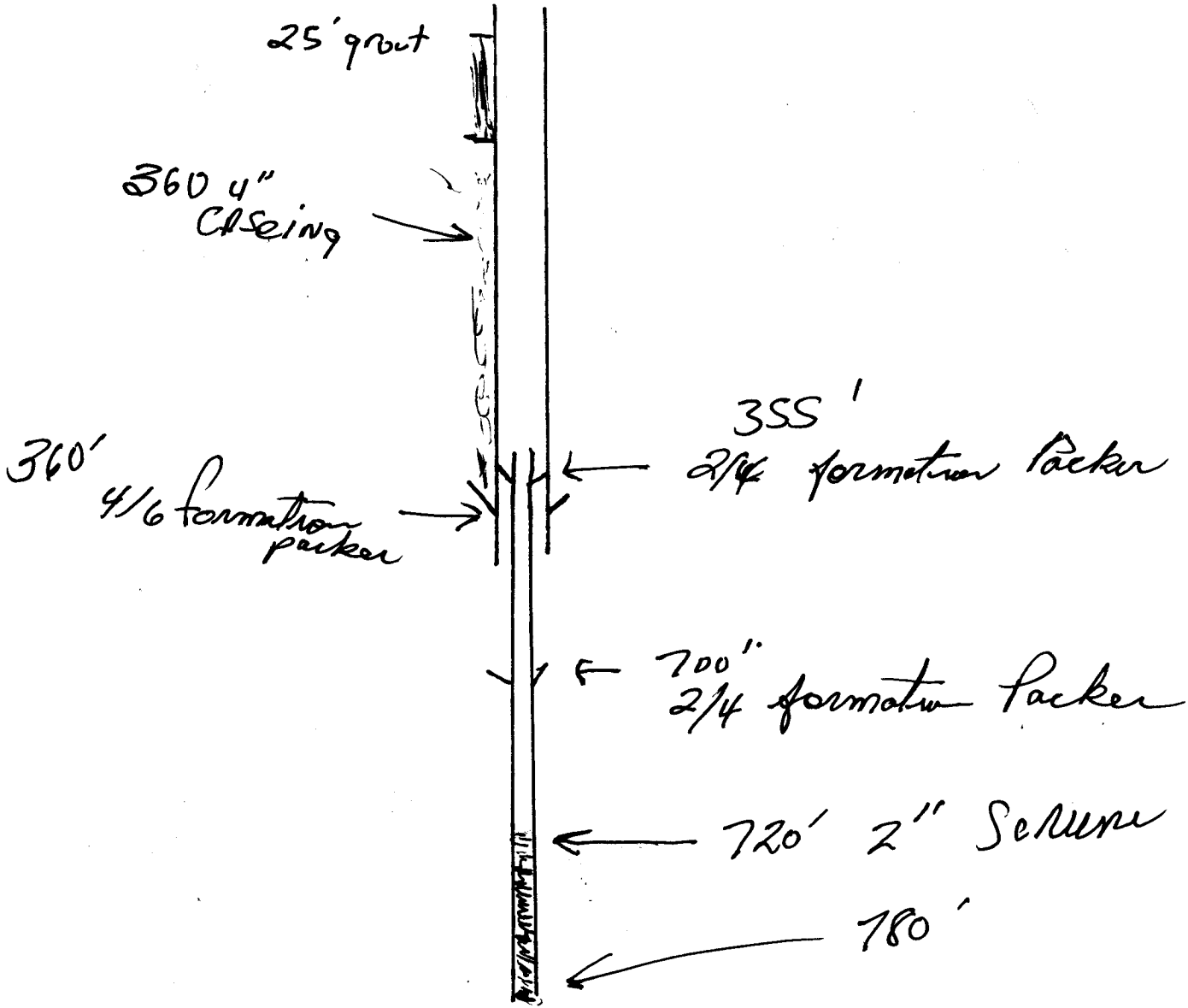
RON MEDLIN 0.429

James R Medlin
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

Sketch (over)

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If well telescopes please sketch below and show depths.

Ground Level

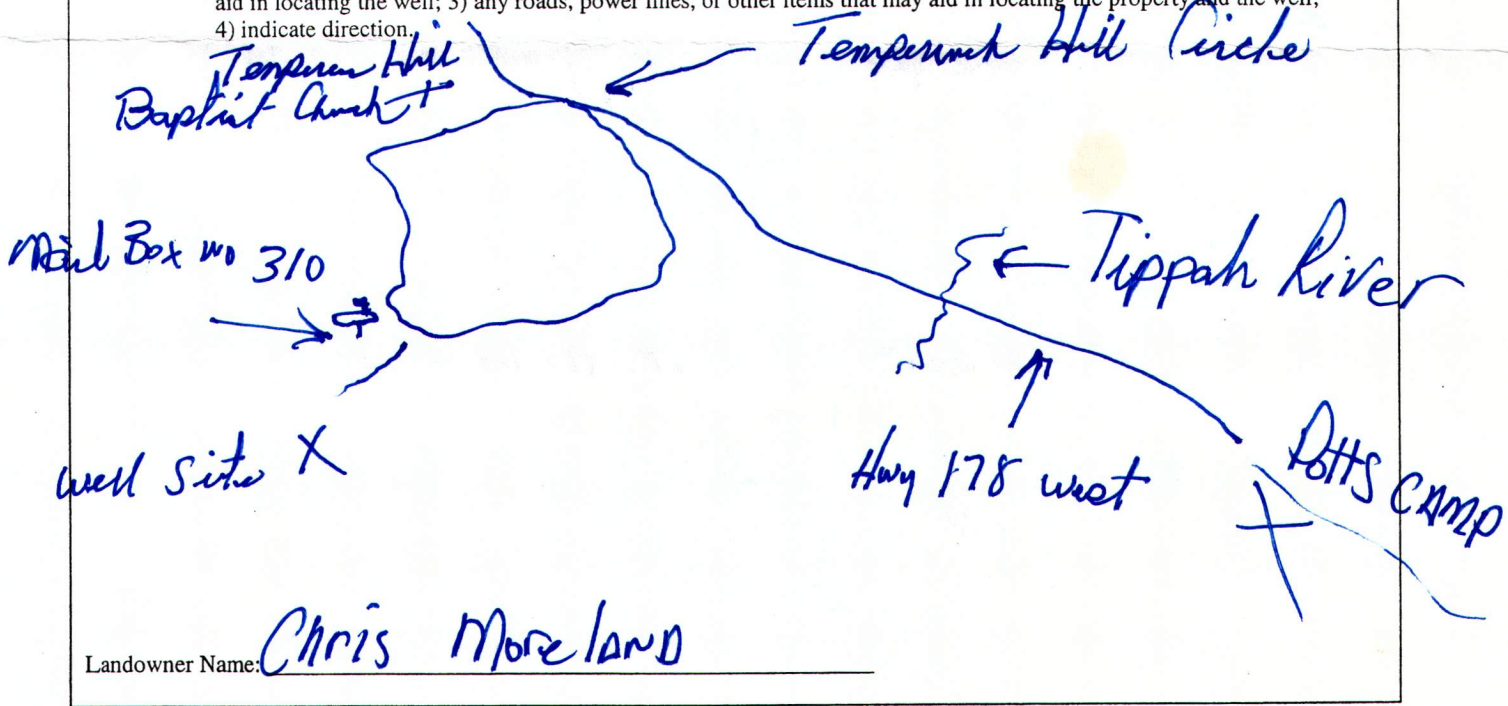
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U-35

Description of Formations Encountered	From	To
top soil, red clay	0	80
sand, white clay		
aquifer - 1.0m		
water	80	195
grey clay, shell		
rock, silt	195	300
Blue clay (soft)		
Blue clay (medium)	300	490
shell rock,	490	700
shell, aquifer may	700	780

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



James R. Malli 0429
 Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: U-35

Elevation: _____

County: Marshall
 Permit #: _____
 Driller: R Medlin
 Date completed: 5-14-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Chris More Land</u>	Latitude: <u>NA</u> Longitude: <u>NA</u>
Mailing Address: <u>Mail Box 310</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Temperance Hill Circle</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Patto Camp MS, 38659</u>	_____ 1/4 _____ 1/4 Sec <u>7</u> Twn <u>5-S</u> Rng <u>1-W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (<u>662</u>) <u>333-4380</u>	<u>2 1/2</u> Miles <u>N.W.</u> of <u>Patto Camp</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <input checked="" type="radio"/> Submersible	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<input checked="" type="radio"/> Electric Motor _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5-12-05</u>	Setting Depth: <u>185</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-12-05</u>	Air Line _____ Electric Measuring Line _____ <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>140</u> Feet <input checked="" type="checkbox"/> Below Land Surface	Other (specify): <u>Nylon cord & weight</u>
Pumping Water Level (B): <u>145</u> Feet <input checked="" type="checkbox"/> Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet <input checked="" type="checkbox"/> Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>5</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

R MEDLIN 0429
 Print Name of Pump Installer and License No. (if applicable)

James R Medlin
 Signature of Pump Installer

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